

# **Application** Ray Wheeler Humanitarian Fund District 20-N

**Lions Club of** \_\_\_\_\_

Services Applied For \_\_\_\_\_ Date \_\_\_\_-\_\_\_\_-\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Number in Household \_\_\_\_ Adults \_\_\_\_ Children \_\_\_\_ Ages \_\_\_\_\_  
Own Home \_\_\_\_\_ Rent \_\_\_\_\_ Monthly Mortgage or Rent \_\_\_\_\_  
Are you employed \_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Your Duties \_\_\_\_\_  
Health Care Provider \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_  
Name of Doctor \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

*I hereby authorize the above named Doctor to release any information necessary to process this application*

*Signature of applicant, Parent or guardian* \_\_\_\_\_ *Date* \_\_\_\_-\_\_\_\_-\_\_\_\_

Monthly Income  
As listed on IRS forms

|                  |               |
|------------------|---------------|
| Wages _____      | Pension _____ |
| Disability _____ | Alimony _____ |
| Other _____      | Other _____   |

Total Income \_\_\_\_\_ Provide a copy of your Latest IRS Tax Return

*Statement: I fully understand that the Ray Wheeler Humanitarian Fund District 20-N services are limited to persons unable to pay, or receive from other sources, the assistance or services requested. In consideration for such services, I hereby release and discharge all persons rendering such service from any claims that might arise from services or assistance provided.*

\_\_\_\_\_  
**Signature of Applicant, Parent or Guardian**

\_\_\_\_\_  
**Date Signed**

## **Disposition:**

Contact: \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_  
Sponsoring Lions Club of \_\_\_\_\_ 50% Share Required \_\_\_\_\_  
Approved at a regular meeting on \_\_\_\_\_ President \_\_\_\_\_  
Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_ Check Number \_\_\_\_\_

Ray Wheeler Humanitarian Fund Approval on \_\_\_\_\_ 50 % Share Required \_\_\_\_\_  
Check Sent to Lions Club of \_\_\_\_\_ on \_\_\_\_\_  
By Officer \_\_\_\_\_ Check Number \_\_\_\_\_